

# CLAIMS ONLY

Application Number

09/620525

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1					/		51					/
2							52					/
3							53					/
4							54					/
5						/	55					/
6						/	56					/
7						/	57					/
8						/	58					/
9						/	59					/
10						/	60					/
11						/	61					/
12						/	62					/
13						/	63					/
14						/	64					/
15						/	65					/
16						/	66					/
17						/	67					/
18						/	68					/
19						/	69					/
20						/	70					/
21						/	71					/
22						/	72					/
23						/	73					/
24						/	74					/
25						/	75					/
26						/	76					/
27						/	77					/
28						/	78					/
29						/	79					/
30						/	80					/
31						/	81					/
32						/	82					/
33						/	83					/
34						/	84					/
35						/	85					/
36						/	86					/
37						/	87					/
38						/	88					/
39						/	89					/
40						/	90					/
41						/	91					/
42						/	92					/
43						/	93					/
44						/	94					/
45						/	95					/
46						/	96					/
47						/	97					/
48						/	98					/
49						/	99					/
50						/	100					/
Total Indep					3		Total Indep					
Total Depend					57		Total Depend					
Total Claims					60		Total Claims					